

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesSTATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-
ANY

ADDRESS (number and street)

518 EAST BROAD STREET

Check if different
than previously
reported. (ACC)

COLUMBUS

OH

43215

3976

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00430884

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2007

through

11

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

TERRY BOWSHIER

Signature of Treasurer

Electronically Filed by TERRY BOWSHIER

Date

12

03

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-
ANY

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		0.00
(b) Cash on Hand at Beginning of Reporting Period	19133.94	
(c) Total Receipts (from Line 19)	2900.00	31698.66
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22033.94	31698.66
7. Total Disbursements (from Line 31)	0.00	9664.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22033.94	22033.94
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-
ANY

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2360.00	12737.50
(ii) Unitemized	540.00	18885.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	2900.00	31622.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	2900.00	31622.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	76.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2900.00	31698.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2900.00	31698.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	9500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	164.72
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		0.00	9664.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		0.00	9664.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2900.00	31622.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2900.00	31622.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A.

Full Name (Last, First, Middle Initial)

CHARLES MURLEY

Mailing Address 5674 ADVENTURE DRIVE

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Business Continuity Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375111400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

TIMOTHY REIK

Mailing Address 322 TREE HAVEN AVE

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

AVP-Pers Lines Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375151400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

TERRENCE BOWSHIER

Mailing Address 4293 ORDERS RD

City

GROVE CITY

State

OH

Zip Code

43123

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

VP/Dir-Invst Rela/Exp Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375261400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)
DOUGLAS ALLEN
Mailing Address 145 N HIGH ST #1101

City State Zip Code
COLUMBUS OH 43215

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation
VP/Dir-Information Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375271400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
PAMELA WILSON-DONVILLE
Mailing Address 1921 CHATEAUGAY WAY

City State Zip Code
BLACKLICK OH 43004

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation
Claim Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375281400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
WILFRED BLACK
Mailing Address 8687 BIRCH BROOK LOOP, NW

City State Zip Code
PICKERINGTON OH 43147

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation
Mgr -Business Assoc Prgm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375291400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)
BENJAMIN BLACKMON
Mailing Address 7032 BRENNAN PLACE

City State Zip Code
COLUMBUS OH 43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
AVP-Comm Lines Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375301400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
WAYNE BERNER
Mailing Address 7297 CROSSETT COURT

City State Zip Code
CANAL WINCHESTER OH 43110

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
ASEC/Mgr-Prsnl Insur Act

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375311400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ROBERT BACHTELL
Mailing Address 6803 FAIRWIND CT

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Claim Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375321400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)
 MARC LOVRAK
 Mailing Address 2255 HORNS HILL RD

City State Zip Code
 NEWARK OH 43055

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Corp Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375331400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 JOHN COUGER
 Mailing Address 7150 WENDY TRAIL LN

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
ASEC/Mgr-Bond Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375341400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 MARK MILLER
 Mailing Address 3710 SHALLOW CREEK DR

City State Zip Code
 POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
COO-SIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375351400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. LARRY WILLIAMS

Full Name (Last, First, Middle Initial)

Mailing Address 1045 NORTH 3B'S AND K RD

City

SUNBURY

State

OH

Zip Code

43074

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

VP/Dir-Mid Mrk Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375361400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. AARON SCHAUB

Full Name (Last, First, Middle Initial)

Mailing Address 8778 OLENBROOK DR

City

LEWIS CENTER

State

OH

Zip Code

43035

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Mgr-Information Security

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375371400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C. WAYNE STONEBURNER

Full Name (Last, First, Middle Initial)

Mailing Address 8105 LODEN CT

City

BLACKLICK

State

OH

Zip Code

43004

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Systems Supervisor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375381400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)

TERRA BOROFF

Mailing Address 694 SOUTHBLUFF DR

City State Zip Code
 WESTERVILLE OH 43082

FEC ID number of contributing federal political committee.

C

Name of Employer
 State Auto

Occupation
 PMO Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375391400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

JOYCE WRIGHT

Mailing Address 5635 WOODWORTH WAY

City State Zip Code
 INDIANAPOLIS IN 46237

FEC ID number of contributing federal political committee.

C

Name of Employer
 State Auto

Occupation
 Regional Claims Mgr-ICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375401400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

SHERYL GADIENT

Mailing Address 805 SPRING VALLEY DR

City State Zip Code
 INDIANAPOLIS IN 46231

FEC ID number of contributing federal political committee.

C

Name of Employer
 State Auto

Occupation
 Pers Lines System Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375411400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. GREGORY ROSE

Full Name (Last, First, Middle Initial)

Mailing Address 12096 CASTLESTONE DR

City

FISHERS

State

IN

Zip Code

46037

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Territory Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375431400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. LARRY MCCAULEY

Full Name (Last, First, Middle Initial)

Mailing Address 214 HEADY LANE

City

FISHERS

State

IN

Zip Code

46038

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Pers Insuranc Product Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375441400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C. JOHN HINTON

Full Name (Last, First, Middle Initial)

Mailing Address 2490 WILLOW LAKES
EAST BLVD

City

GREENWOOD

State

IN

Zip Code

46143

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Associate Actuary

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375451400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)

GLORIA-JEANNE WILSON

Mailing Address 1067 SULLIVANS RIDGE

City State Zip Code
 ZIONSVILLE IN 46077

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
Claim Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375461400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

STEVEN ENGLISH

Mailing Address 6608 CARINLOUGH DRIVE

City State Zip Code
 DUBLIN OH 43016

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
VP-Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10375471400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

KATHLEEN DURSO

Mailing Address 969 WOODSEGE LN

City State Zip Code
 WESTERVILLE OH 43081

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
AVP/Underwriting-SAMMI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10404591400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)
STEPHEN DENINO

Mailing Address 5387 MEADOW GROVE DR

City State Zip Code
GROVE CITY OH 43123

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Mgr-Application Governance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10404601400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ROBERT RESTREPO

Mailing Address 57 PRESTON RD

City State Zip Code
COLUMBUS OH 43209

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10404621400

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CHARLES MCSHANE

Mailing Address 10 HENDERSON HILL CT

City State Zip Code
MONKTON MD 21111

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Zone Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10420231400

Amount of Each Receipt this Period

25.00

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A.

Full Name (Last, First, Middle Initial)

KIM BAILEY

Mailing Address 12436 STONE DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46236

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Mgr-Shared Business Appli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10546561400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

STEVEN HAZELBAKER

Mailing Address 1425 EAGLE TRACE CT

City

GREENWOOD

State

IN

Zip Code

46143

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

VP/Dir Corp Entr Rsk Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10605291400

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

LYNDELL HAIGOOD

Mailing Address 4749 WILLOW BEND

City

WICHITA FALLS

State

TX

Zip Code

76310

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10656361400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. ROBERT BRAUN

Full Name (Last, First, Middle Initial)

Mailing Address 3423 WOODLAKE COURT

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8236081400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. LESTER BRUE

Full Name (Last, First, Middle Initial)

Mailing Address 220 SOUTH 29TH ST

City

WEST DES MOINES

State

IA

Zip Code

50265

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

AVP/Dir-Acquistnl Intgrtn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8236121400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C. WILLIAM BUTLER

Full Name (Last, First, Middle Initial)

Mailing Address 439 FOXWOOD DR

City

GAHANNA

State

OH

Zip Code

43230

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Pers Insuranc Product Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8236181400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial) MARY CARSON Mailing Address 1703 SHEILA ANN DR City MT JULIET State TN Zip Code 37122 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation Territory Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8236201400 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) DAVID DALTON Mailing Address 3450 HERITAGE OAKS DR City HILLIARD State OH Zip Code 43026 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation VP/Dir-Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8236351400 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) KENNETH FIELDS Mailing Address 4088 PATHFIELD DR City COLUMBUS State OH Zip Code 43230 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation AVP/Mgr-Sales Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8236641400 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial) GEORGE FURLONG Mailing Address 506 BROOK HOLLOW RD City NASHVILLE State TN Zip Code 37205 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8236681400 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) GERALD HAYES Mailing Address 3721 PEAK RIDGE DRIVE City GAHANNA State OH Zip Code 43230 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation Pers Insuranc Product Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8236911400 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) MARK HEYDE Mailing Address 504 KERRYDON DRIVE City MILBANK State SD Zip Code 57252 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation Territory Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8236961400 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)

TERRENCE HIGERD

Mailing Address 1027 WALSHINGHAM CT

City State Zip Code
 WESTERVILLE OH 43081

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
VP/Dir-IT Infrastrc Srvs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8236971400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

RICK HOLBEIN

Mailing Address 4 HIGHFIELD CT

City State Zip Code
 GREER SC 29650

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8237001400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

MARK HOLCOMB

Mailing Address 111 BIGGS ROAD

City State Zip Code
 COTTONTOWN TN 37048

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
Claim Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8237011400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A.

Full Name (Last, First, Middle Initial)

GARY JOHNSON

Mailing Address 8833 OAKSHIRE DRIVE NW

City

PICKERINGTON

State

OH

Zip Code

43147

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8237171400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

NOREEN JOHNSON

Mailing Address PO BOX 249

City

COMMERCIAL POINT

State

OH

Zip Code

43116

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

VP/Dir-Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8237191400

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER JONES

Mailing Address 1011 KISER AVE

City

HENDERSONVILLE

State

TN

Zip Code

37075

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation

Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8237211400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial) KEVIN KELLY Mailing Address 4258 HONEYSUCKLE LANE City State Zip Code ZIONSVILLE IN 46077 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8237251400 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) GARY KRATZENBERG Mailing Address 7891 PRIESTLEY DRIVE City State Zip Code REYNOLDSBURG OH 43068 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation AVP/Dir-Claims Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8237361400 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) ALICE KUCZMARSKI Mailing Address 6717 OLD ROYALTON RD City State Zip Code BRECKSVILLE OH 44141 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation Territory Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8237411400 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial) NANCY MANDIGO Mailing Address 924 COPPERFIELD TERRACE City State Zip Code CASSELBERRY FL 32707 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation Claim Supervisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8237521400 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) JOHN MELVIN Mailing Address 9960 OSPREY CT City State Zip Code THORNVILLE OH 43076 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation VP/Dir-Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8237611400 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) STEPHEN MILLER Mailing Address 5256 REDMOND CT City State Zip Code HILLIARD OH 43026 FEC ID number of contributing federal political committee. C Name of Employer State Auto Occupation Corp Claims Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR8237691400 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)
 MATTHEW MROZEK
 Mailing Address 9708 STULTS FARM DR

City State Zip Code
 OSTRANDER OH 43061

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
AVP/ASEC/CorporateActuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR8237761400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 BOOTH MULLER
 Mailing Address 1044 S GALENA RD

City State Zip Code
 SUNBURY OH 43074

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
AVP/Dir-Claims Adminstrtn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR8237771400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 JOHN PETRUCCI
 Mailing Address 5961 MORGANWOOD SQUARE

City State Zip Code
 HILLIARD OH 43026

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
VP - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR8237881400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

FOR LINE NUMBER: PAGE 24 / 29

(check only one)

<input checked="" type="checkbox"/> X	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19	<input type="checkbox"/>	20	<input type="checkbox"/>	21

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-
ANY

P/R Deduction (\$25.00 Bi-Weekly)

P/R Deduction (\$10.00 Bi-Weekly)

P/R Deduction (\$10.00 Bi-Weekly)

A blank grid consisting of 10 columns and 2 rows of squares, intended for drawing a diagram.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)
MARY REYNOLDS

Mailing Address 3037 LEEDS ROAD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation
VP/Dir-Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8237991400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
GENE ROBERTS

Mailing Address 3636 MANCHESTER DRIVE

City State Zip Code
POWELL OH 43065

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation
AVP/Dir-Claims Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238021400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DAVID RUSSELL

Mailing Address 6351 CHAMPIONS DR

City State Zip Code
WESTERVILLE OH 43082

FEC ID number of contributing federal political committee.

C

Name of Employer
State Auto

Occupation
AVP/Mgr-Prsnl Insrnce Srv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238081400

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. DAVID SCHAACK

Full Name (Last, First, Middle Initial)

Mailing Address 226 COUNTRY CLUB LANE

City State Zip Code
 MILBANK SD 57252

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238101400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. CRAIG SEGBERS

Full Name (Last, First, Middle Initial)

Mailing Address 12293 MALLARD POND CT

City State Zip Code
 PICKERINGTON OH 43147

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
Sr Sys Programmr/Architec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238151400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C. MARVIN SMITH

Full Name (Last, First, Middle Initial)

Mailing Address 6386 DUMMERSTON CR

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238211400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. Full Name (Last, First, Middle Initial)
MAURICE SPEAKMAN

Mailing Address 113 AVON DRIVE

City State Zip Code
TAYLORS SC 29687

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Regional Claims Mgr-SRO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238251400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
DONALD SPICKLER

Mailing Address 4041 FAIRWAY DR

City State Zip Code
MEDINA OH 44256

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238261400

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
NEIL STUFFT

Mailing Address 4786 DUNMANN WAY

City State Zip Code
GROVE CITY OH 43123

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Mgr-Comm Lines Und/Pricng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238321400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A.

Full Name (Last, First, Middle Initial)

MARK SULLIVAN

Mailing Address 295 LONGFELLOW AVENUE

City State Zip Code
 WORTHINGTON OH 43085

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Mgr-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238331400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

RICHARD TABOR

Mailing Address 3258 PLEASANTVIEW DR

City State Zip Code
 MANHEIM PA 17545

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Claim Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238341400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

BRADLEY TIMMERMAN

Mailing Address 606 S 4TH STREET

City State Zip Code
 MILBANK SD 57252

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Auto

Occupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8238381400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

A. DIANNA VAN BUREN

Full Name (Last, First, Middle Initial)

Mailing Address 6965 WIGWAM WAY

City State Zip Code
 REYNOLDSBURG OH 43068

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
Corp Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 / /

Transaction ID: PR8238421400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. BRENT VINCENT

Full Name (Last, First, Middle Initial)

Mailing Address 114 CAMERADO LANE

City State Zip Code
 HENDERSONVILLE TN 37075

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 / /

Transaction ID: PR8238451400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C. KAREN WARREN

Full Name (Last, First, Middle Initial)

Mailing Address 169 NEEDLES DRIVE

City State Zip Code
 PATASKALA OH 43062

FEC ID number of contributing federal political committee.

C

Name of Employer
State AutoOccupation
Claims Srvs Supv-Corp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 / /

Transaction ID: PR8238461400

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

2360.00